Buprenorphine/Naloxone (Suboxone) To Go (BTG) Kits in the ED

September 2023

SUR KIT Substance Use Response Kit

Individuals with opioid use disorder (OUD) often have high rates of emergency department utilization. The high number of visits provides opportunities to offer evidence-based OUD care and promote harm reduction.

There is a growing body of evidence that suggests that ED-based initiation of opioid agonist therapy (OAT) (e.g., methadone, Kadian and buprenorphine/naloxone) increases patient engagement and retention in treatment.

The provision of Buprenorphine/Naloxone To Go (BTG) kits to facilitate a home/outside the hospital induction is one way the ED can facilitate OAT initiation.

ED-dispensed BTG kits are:

- Low barrier for patients; they minimize time spent in the ED, and daily pharmacy visits in community are not required during titration
- Low barrier for ED teams; observation by the ED team is not required and a community prescription is not needed

Buprenorphine is the active medication in Suboxone that helps with craving and withdrawal symptoms; naloxone is combined to prevent diversion, as it may cause withdrawal if injected or snorted.

General screening and eligibility

- RN/MD to consider screening those who present with overdose, withdrawal and/or consequences from use (i.e., infection) to identify patients with possible OUD
- Screening can be initiated at any point of patient visit, including at triage
- BTG may be appropriate for patients interested in buprenorphine/naloxone who:
  - Prefer a home initiation over a hospital initiation
  - Are not in sufficiently withdrawal to start while in the ED (those not yet in moderate to severe withdrawal will experience precipitated withdrawal if they start too early)

Eligible:

- Known or suspected OUD (DSM-5 criteria) **OR**
- Patient reports regular use of opioids and experiences withdrawal symptoms if they abstain
- Patient is interested in/contemplative of starting treatment

Not eligible:

- Intolerance (severe nausea)
- Unable to receive the kit or understand the kit instructions
- Presents in moderate to severe opioid withdrawal (Clinical Opiate Withdrawal Scale ≥12) and is therefore eligible for immediate buprenorphine/naloxone start initiation in ED

Assessment

- Patients presenting to the ED who are eligible for BTG may require laboratory or other diagnostics, including a urine drug test and a pregnancy test for their care. However, if the patient declines testing, this should not create a barrier to receiving a BTG kit or further care.
- A specialist (e.g., RACEapp+, the Addiction Medicine Consult Team, or the 24/7 BCCSU Addiction Medicine Clinician Support Line) should be consulted for the following situations:
  - Pregnancy
  - Allergy to buprenorphine/naloxone
  - Currently on OAT, particularly long-acting opioids (e.g., methadone, SROM)
  - Concurrent withdrawal/intoxication from one or more sedatives (e.g., alcohol or benzodiazepines)
  - Severe respiratory or liver dysfunction
  - Acute medical or psychiatric concerns precluding consent
  - Youth under 16 years of age

Dispensing the BTG kit and discharge planning

- Discharge planning should start as soon the patient agrees to initiate buprenorphine/naloxone
- The three-day BTG kit should be accompanied by medications to relieve opioid withdrawal symptoms:
  - Myalgia: Acetaminophen (650-975mg po q6h PRN) and/or Ibuprofen (400mg po q6h PRN)
  - Diarrhea: Loperamide
  - Antiemetic: Ondansetron or dimenhydrinate, as per standard dosing
  - Withdrawal: Clonidine (0.1-0.2mg po q6h PRN)
- Review patient home induction handout
- Provide a Take-Home Naloxone (THN) kit
- Referral to the Opioid Overdose Outreach team (or local equivalent) if requested or required for community follow-up
- Referral to an ongoing OAT provider/clinic in community for follow-up
- Provide the patient with information on community resources: overdose prevention sites (OPS), harm reduction facilities, safer use supplies, community-based health-care/psychosocial resources

Sample workflow for BTG dispense from ED

Patient identified as eligible to receive BTG kit (see eligibility criteria)

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ED provider enters order for BTG (electronic or paper)

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RN to review order

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RN signs meds out of Omnicell or medication cart. BTG kit will contain a vial with medication and a patient instruction handout.

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RN to provide patient education via patient instruction handout. Topics include:

- Pharmacodynamics of buprenorphine/naloxone
- Precipitated withdrawal and how to avoid it
- Review of self-assessment and when to start buprenorphine/naloxone
- Opioid withdrawal symptoms management options
- How to take a sublingual (SL) tablet
- Discussing follow-up and confirming a plan for community connections
- Advising to come back to ED if the process is not going well

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Attach patient label to BTG kit and give kit to the patient

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- RN records the dispensing of BTG as required.
- Send referral to community clinic an/or provide patient with a copy of the discharge summary.

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TMU entry into PharmaNet (where available)